

Children's Voice

VOL.15, NO. 2

CHILD WELFARE LEAGUE OF AMERICA

MARCH/APRIL 2006

In This Issue

- Child Welfare Leaders
Take on Meth
- Emergency Shelter Care
- For-Profit CEOs in the
Private Sector





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Children's Voice



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On the cover: Dillon is all smiles in the kitchen while posing for this picture featured in the new recipe book, *Voice for Adoption: Recipes and Memories*. See "Eye on CWLA," page 25.



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Executive

D I R E C T I O N S



CWLA's annual conference always amazes me. Child welfare professionals from across the country combine their brainpower and years of experience under one roof in Washington, DC. Over three days, we freely exchange ideas, advice, and research, ultimately improving our daily work with children and families.

As I write this, CWLA's staff is knee-deep in preparations for our 2006 National Conference, *Securing Brighter Futures*, in late February. A glance at the conference program tells me this year will be as productive as the last in terms of the transfer of knowledge. Just a sampling of the workshop titles speak to how we, as child welfare professionals, are always striving to do better: "Girls Leadership and Development Program: A Model for Success with Girls," "A Successful Model to Integrate Substance Abuse and Child Welfare Services," and "Leadership Excellence: The Key to Success in Child Welfare."

CWLA uses many vehicles, in addition to conferences, to inform the field about good child welfare practice. This issue of *Children's Voice*, for example, highlights local leaders and programs nationwide that are building our knowledge in the field.

In, "Just a Click Away," we see how agencies and organizations are embracing the Internet as yet another tool to help us do our work better. The Web makes it possible for child welfare workers to easily share information and, most importantly, help us reach more children and youth through online programs.

In "Child Welfare Leaders Take on the Meth Epidemic," the second of a two-part series on how methamphetamine abuse is affecting child welfare, we learn how state child welfare leaders are coping with the effects of this latest drug epidemic. As meth abuse has spread, child welfare workers have drawn on experience and practice coping with substance abuse issues that have stricken the country over the last several decades, while also receiving a crash course in issues unique to meth abuse and its effects on families.

In "Private Professionals, Public Sector," we delve into how some youth-serving agencies are exploring new ways to lead by hiring professionals with little experience in the youth services field, but a wealth of knowledge in business and financial practices. Some disagree whether these professionals can effectively transition into and lead an organization in a field unfa-

miliar to them, but our article presents several success stories, leaving it to the reader to decide.

Finally, in "When Children Need a Home in a Hurry," we speak with emergency-care providers about the pros and cons of emergency shelter care versus emergency foster family care for children removed from their homes and needing immediate care. This issue also sparks debate, but it's one that very much needs research so we can continue to improve how we serve children and youth in crisis situations.

As both the contents of this magazine, as well as our crowded annual conference schedule demonstrates, improving the child welfare system is an ongoing process. But it's not enough: We must also address the underlying reasons why so many still enter the child welfare system. These reasons include mental illness, substance abuse, family dysfunction, educational failure, poverty, and the hopelessness and stressors that accompany them. This is why so much of our national conference, this year and every year, is dedicated to making sure that policymakers hear the voices of abused and neglected children.

Now, more than ever, it's critically important that we address the policy decisions at both the local and federal levels. As I write this, Congress is poised to slash close to \$600 million in federal supports that assist grandparents and other relatives care for children. Medicaid services, child care, child support enforcement, and Temporary Assistance for Needy Families are other vital programs in peril.

CWLA's members and staff exert tremendous energy to fight for policy improvements, but reinforcements are needed. Every CWLA member and friend of children must make it part of their mission to inform their legislators and local leaders about the effectiveness of their programs for children and families.

Otherwise, each time this nation makes hard choices about federal spending, the needs of children will be ignored. Then we will find ourselves in the business of patching rather than healing wounds destined to perpetually fester, and this is not what CWLA is about. CWLA has made a commitment to its membership, the broader field, and to each child who has been abused and neglected to support excellence in practice and to promote policies that attack our societal ills.

It is in the face of the huge challenges we are now tackling that I make this clarion call for us to redouble our commitment and efforts to affect both the practice and policies that will best serve our most vulnerable children, youth, and families

A handwritten signature in black ink, appearing to read "Shay Bilchik".

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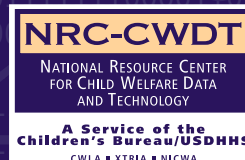


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Good Reading Habits, from the Road

When the “Gus Bus” rolls into one of the neighborhoods along its route through Virginia’s Shenandoah Valley, kids don’t just greet the bus with a smile and a wave. They come running to the bus with screams of glee, says Pat Kennedy, Coordinator of the Reading Road Show.

The white bus, painted with an animated emblem of a rabbit named Gus sitting atop a stack of books, is the main component of the Reading Road Show, a program run by the Institute for Innovation in Health and Human Services at Virginia’s James Madison University (JMU). The vehicle makes weekly and monthly stops in low-income neighborhoods and at day care centers, family child care providers, and prekindergarten classes. Kennedy and the JMU students who assist her invite children and their parents or caregivers onto the bus, where they sit on cushioned benches and read books, sing songs, and perform finger plays.

Children in the day care programs and pre-K classes receive red book bags each month filled with four books, at least one of which is bilingual. Spanish-speaking children receive Spanish-language books in their bags. At the end of the month, children exchange the bags for new ones.

The purpose of the program, Kennedy explains, is to promote life-long reading by targeting preschool-age children and their parents. Putting the program on wheels makes it possible to reach into Virginia’s rural Page and Rockingham Counties and the city of Harrisonburg, where many Spanish-speaking immigrants reside. The bilingual reading materials help the children become proficient readers in both their native and second languages, Kennedy says. And watching her and the JMU students read to the children provides valuable best practice lessons for parents and day care providers.

“The Spanish-speaking community is very happy to have books in their native language for their children,” Kennedy says. “We’ve become a real community resource, and we’ve become a trusted entity in the Latino population, which I think is important.”

A federal Early Learning Opportunity Act grant helped launch the Reading Road Show in 2003. During 2003 and 2004, the program served 1,330 children—85% spoke predominantly English, 12% spoke Spanish, and 3% spoke another language.

Among the program participants, 46% of the English-speaking families and 68% of the Spanish-speaking families had never been to a library. Of the 38% of parents who had no regular routine for reading to their child, about half started a reading routine, according to a Reading Road Show survey. Forty-four percent of parents indicated they read to their children every day.

Due to its popularity, the Reading Road Show’s services have branched out. The Gus Bus now stops at a homeless shelter and a local poultry plant where workers can check out books for their children. The bus also visits local community events, such as the Rockingham County Fair. Kennedy has acquired donations for books and materials for older children who visit the bus with their younger siblings. She has also started working



with local middle schools to provide extra credit to their Spanish-speaking students who volunteer with the Reading Road Show to read to the younger children in English.

A second Early Learning Opportunity Act grant will add another bus to the program, expanding overall outreach. The grant will also pay for a full-time health educator to incorporate health and wellness activities into the reading program.

Local ABC television affiliate WHSV-TV3 has been particularly helpful in publicizing the Reading Road Show, Kennedy says. Last spring, the station helped raise \$75,000 in donations to the program.

“I think we’ve branded the Gus Bus and the Reading Road Show really well in the community,” Kennedy says.



Tuning In to Child and Family Issues

Hillside Family of Agencies has found the air waves to be an easy way to spread the word about child and family issues to thousands of families in Central and Western New York.

For the past six years, the agency has conducted a monthly radio program called *Hillside Family Forum*, featuring Hillside experts on children and family issues, along with national experts, parents, children, and guests from the business, government, education, and sports communities. Stepfamilies, children’s learning styles, dental care, pregnancy facts, kid-friendly foods, and technology and online bullying are just some of the topics that have been explored on the air.

“We work with parents every day, and we know it’s a tough job,” says Hillside President and CEO Dennis Richardson.

"Hillside Family Forum helps parents deal with the most challenging aspects of raising kids today."

"Escaping the Fat Trap," a show about childhood obesity that aired last year, garnered *Hillside Family Forum* a prestigious Clarion award, which honors excellence in a variety of communication disciplines. *Hillside Family Forum* Coproducer Jennifer Bacci says she hopes the award will build the program's credibility and begin to attract sponsorship dollars.

The radio program costs Hillside \$3,600 per show, including taping and airing on FM stations in Buffalo, Rochester, and Syracuse, on an AM station in Bath, New York, and on the Finger Lakes News Network—reaching an estimated 150,000 listeners and more annually.

Although the program doesn't air live, listeners can e-mail questions ahead of time. Hillside has an agreement with several Central and Western New York family magazines, which publish articles about the radio program's topics a month before they air.

Hillside Family of Agencies, which serves 7,100 families a year in 24 counties, has not only spread valuable information about children and families through the *Hillside Family Forum*, it has also better positioned itself as a community resource, Bacci says. Increasing numbers of people are visiting the agency's website and e-mailing with requests for help.

To learn more about *Hillside Family Forum*, visit the "Resources" section at www.hillside.com.



Laundromat Learning

On her drives home at night after attending graduate classes at Brooklyn College, Georgina Smith would often see kids hanging out at the local laundry facilities. Most played video games while their clothes spun away in the washers and dryers, but "I never saw a child reading a book," Smith recalls. "Never."

Smith, a science teacher, also noticed students in her classroom having problems with reading. "[I was] very aware of the struggling of my students technically,...they just don't like to read."

Armed with her observations and the goal to improve the children's skills and outlook on reading, she approached her graduate school advisor about starting a program to both meet a need in the community and complete her schooling. Her idea eventually developed into the Wash and Learn program. The program pairs New York City school teachers and Brooklyn College student volunteers with children at laundry facilities in low-income neighborhoods to help the children increase their confidence and enjoyment of books.

The program usually operates about three nights a week. City schoolteachers are paid as coordinators of the program. Students from Brooklyn College's psychology, education, and literacy departments volunteer their time.

"I think we need to recognize the children have so much potential," Smith says. "You cannot use a cookie-cutter program to help them."

Encouraging kids to read with the smell of detergent in the air and the humming of dryers in the background certainly isn't a cookie-cutter program. In three Clean Rite Centers in Brooklyn, where Smith established the Wash and Learn program, the tutors lead discussions, building much-needed vocabulary skills. As they sit around tables in the waiting areas, the children are encouraged to work together in "huddles" and help each other with the materials. Smith provides donated and purchased books for the program that are kept in crates at the centers.

With the help of volunteers and private donations, Wash and Learn has created multiple dynamics, Smith says. In addition to the tutoring support, the children, who participate whenever they can make it, help each other. Some parents sit in with their children, as well.

Wash and Learn has also proven to be an educational tool for tutors studying to be teachers, who often don't know what to expect when entering the classroom, Smith says. "With Wash and Learn, they get to fall in love with the children first."

Smith and her Wash and Learn partner, Amy Arnold, Director of National Operations, plan to expand their educational program to children outside New York by opening three sites in Denver this year. For more information about Wash and Learn, visit www.washandlearn.com or www.brooklyn.cuny.edu/index.php.

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National

NEWS ROUNDUP

CALIFORNIA

Cases of whooping cough in California are at their highest in 30 years, leading to at least seven deaths of babies, according to the *Los Angeles Times*. The increase has puzzled health officials and surprised school administrators.

Los Angeles County, which saw fewer than 100 cases of whooping cough over the past five years, reported more than 300 cases through last September. In Orange County, cases spiked to 97 in 2002 and have remained elevated ever since, according to the *Times*.

People diagnosed with whooping cough, a bacterial infection formerly known as pertussis, experience intense coughing spells that often end with a “whoop” sound. The illness has been on the rise in the United States over the past two decades, partly because adolescents can outgrow their immunity. Additionally, some children remain vulnerable because they do not receive recommended vaccinations—at 2, 4, and 6 months of age; 15–18 months; and 4–6 years.

This year, federal health officials began recommending that teens and adults receive booster shots. Health officials are also suggesting people with persistent coughs stay away from babies who have not been fully vaccinated. “It’s being transmitted oftentimes to very young babies before they’re fully immunized, maybe from a loved one or grandparent,” Los Angeles County Public Health Director Jonathan Fielding told the *Times*.

ILLINOIS

Illinois Governor Rod Blagojevich (D) signed a new law last November intended to broaden health insurance coverage to children, including those in working- and middle-class families, the *New York Times* reported.

Under the All Kids program, a family’s costs will depend on household income. A family of four earning \$41,000 a year will pay \$40 a month for one child, and \$80 a month for two or more

children. Copayments at doctors’ offices will be \$10 each. A family of four earning \$61,000–\$79,000 will pay \$70 for one child, \$140 for two or more. Copays will be \$15. Families who earn too much to be eligible for existing state and federally financed health programs can buy into All Kids.

“It’s about time the middle class got some help and the working class got some help,” Blagojevich told the *Times*. “Our kids come first, and what’s the most important thing for kids? That they’re safe and healthy.”

Within hours of Blagojevich signing the law, Chicago-area residents were submitting contact information to enroll online, although the benefits won’t kick in until July.

The new program is slated to cost \$45 million in its first year. The *Times* cited critics who fear the law could end up costing far more at a time when the state’s budget is already overburdened, and that Illinois might become a refuge for families from other states desperate to insure their children.

But according to aides for Blagojevich, shifting the management of 1.7 million Medicaid recipients will pay for the program. Those patients will have to go to a single physician who will work on problems earlier and save an estimated \$56 million the first year.

“Other states are going to watch this very closely,” Alan Weil, Executive Director of the National Academy for State Health Policy, told the *Times*. “There is broad interest in covering kids, and there will be interest in following Illinois if the story there turns out to be good.”

MASSACHUSETTS

Boston police statistics show that half the 632 people arrested or sought in the city on illegal gun possession and gun assault charges between January and October 2005 were 21 or younger, according to the *Boston Globe*. Seventy-five were 17 or younger, compared with 55 during the same period in 2004.

Boston Police Superintendent Paul Joyce told the *Globe* that many of the teenagers who are using guns—some as young as 13—are involved in gangs. The number of gun arrests and arrest warrants was up 37% in Boston in 2005, compared with 2004; the number of seized guns up 12%, and the number of shootings up 28%.

Rev. Eugene Rivers, a minister who co-founded the Ten Point Coalition, a key player in developing Boston’s community policing model, told the *Globe* the city is not doing enough to address the rise in ever-younger teenagers who are using guns.

“The city has been flooded with guns for the last few years,” Rivers said. “There hasn’t been an effective strategy developed with the community to consistently address what was happening on the street. It requires more than simply prayer meetings with the clergy to effectively target the young men engaged in this game.”

Fifteen of Boston’s 38 high schools screen students daily with walk-through metal detectors, the *Globe* reported. During the 2004–2005 school year, school police found 525 weapons, including eight guns.

TEXAS

A judge in Corpus Christi returned custody of a cancer-stricken 13-year-old to her parents last fall, ending a five-month legal battle over parents’ rights to determine a child’s medical treatment, according to the *Houston Chronicle*.

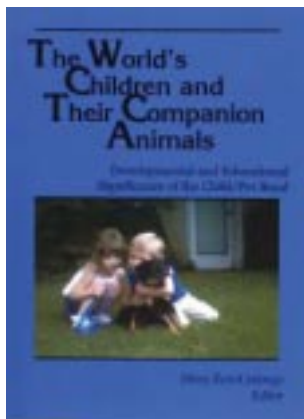
State District Judge Jack Hunter compromised with the parents, however, by ordering that Katie Wernecke undergo conventional therapy at the University of Texas M.D. Anderson Cancer Center. The girl’s parents have opposed the therapy, according to the *Chronicle*.

Last May, Child Protective Services charged the Werneckes with neglect for not allowing radiation therapy for their daughter’s Hodgkin’s disease, a cancer considered very curable. Katie’s parents allowed chemotherapy, but feared long-term effects of radiation. They elected to pursue intravenous Vitamin C therapy instead. The case pitted those who believe parents have a right to question treatment

See Roundup, page 19.

The World's Children and Their Companion Animals: Developmental and Educational Significance of the Child/Pet Bond

Mary Renck Jalongo, Editor



Internationally renowned physician Albert Schweitzer once said, "We need a boundless ethic which will include the animals also." It is just such an ethic, an ethic of compassion and generosity, that holds the greatest promise for more responsive parenting, more compassionate teaching, and a more tolerant and just society.

Foreword: Stars in a Child's Universe by Michael J. Rosen

Introduction: The Special Significance of Companion Animals in Children's Lives by Mary Renck Jalongo with Marsha R. Robbins and Reade Paterno

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- * Bonding With and Caring for Pets: Companion Animals and Child Development
- * Companion Animals in the Lives of Boys and Girls: Gendered Attitudes, Practices, and Preferences
- * Companion Animals at Home: What Children Learn From Families

Part Two: Companion Animals in Schools and Communities

- * A Friend at School: Classroom Pets and Companion Animals in the Curriculum
- * Animals That Heal: Animal-Assisted Therapy With Children
- * Global Companion Animals: Bonding With and Caring for Animals Across Cultures and Countries
- * Portraying Pets: The Significance of Children's Writings and Drawings About Companion Animals

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- * Companion Animals in Books: Themes in Children's Literature
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Afterword by Mary Renck Jalongo

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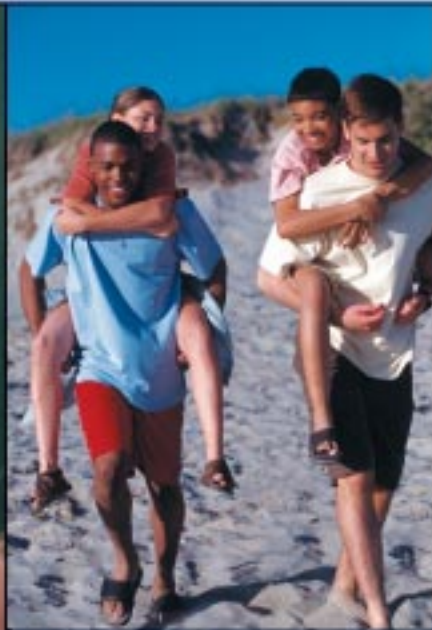
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By Patrick Mitchell

From Coast to Coast and in Between, Child Welfare Leaders Take on the **METH Epidemic**

By Jennifer Michael

Once popular with Japanese soldiers in World War II and then biker gangs in California, methamphetamine abuse has today spread like a virulent disease to become a national epidemic. Thousands are battling addiction to the drug—a central nervous system stimulant—and losing their families in the process.

Moving at a swift clip west to east over the last decade, clandestine meth labs have popped up in rural homes surrounded by cornfields, and in hotel rooms and apartments along busy city streets. As meth labs have increased, so have law enforcement efforts. In the West, Oregon officials seized 67 meth labs in 1995, and 591 in 2001, according to the Office of National Drug Control Policy. In the Plains, Oklahoma law enforcement seized 10 meth labs in 1994, and 1,235 in 2003, according to testimony before the House Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources.

In the Midwest, meth lab incident responses by Iowa's Department of Public Safety grew from 2 in 1994 to 1,472 in 2004. And in the East, North Carolina has seen an increase from 14 meth lab seizures in 2000 to about 300 in 2004, according to the U.S. Drug Enforcement Administration (DEA) and the North Carolina Division of Social Services.

Raids are beginning to put a dent in the meth lab business, some state officials report, but they are also putting greater strain on child welfare systems struggling to keep up with more abused and neglected children of meth addicts entering foster care. Meth lab raids affected more than 15,000 children between 2000 and 2004. Many of these children were injured, exposed to dangerous toxic chemicals, and even killed due to living in or around meth labs, according to the DEA.

A sampling of state child welfare leaders from different regions of the country agreed to share with *Children's Voice* how their agencies are coping with the meth epidemic, including how they are addressing higher case loads and greater risks for child welfare workers. They also touch on new legislation and community partnerships that are helping confront the problem in their states.

NORTH CAROLINA

SHERRY BRADSHAW,
DEPUTY DIRECTOR,
DIVISION OF SOCIAL SERVICES



How has methamphetamine abuse affected child welfare in North Carolina?

In 1999, there were nine labs in our state, mostly in the mountain areas, and a few children were involved. By 2004, 322 labs were discovered, and 124 known children were affected by the labs. Our statistics on and our involvement in meth labs have grown tremendously. We've seen an incline in the number of children entering foster care, and we believe that's directly attributable to meth and other substance abuse addiction.

We're a large state, the Appalachian Mountains are very remote, and families are dispersed miles apart in some areas. When labs were first developed, great big bottles of [bleach] were used, and there were huge amounts of trash and debris, so those were good places to be because you were not easily discovered. But as meth labs have become more sophisticated, and you're now able to do it out of a shoebox in the trunk of a car, we're seeing meth in more urban areas, such as Raleigh, and in suburban communities.

Even before meth, we didn't have enough family foster homes in North Carolina, so we're continuing our efforts to increase the number of family foster homes to avoid group care where possible.

At first, [some families were] reluctant to take children who had suffered from exposure to meth. They were nervous about what sorts of behaviors they might experience, what kinds of health problems the children might have, and whether it might be overly taxing or put other children in the home at danger. I think, for the most part, through education and the support of workers at the local level, we've overcome that.

How has North Carolina addressed the problem?

[North Carolina Attorney General Roy Cooper] has been extremely active and very concerned about methamphetamine labs in our state. Back in 1999 and 2000, he

brought a lot of attention to the first labs discovered in North Carolina. He knew, based on his relationships with other states, that the problem grows very quickly, and you really have to have strong laws and local protocols in place to...combat the issues states face as a result of meth abuse. Early on, he began the process of educating our legislators, and as a result we have some pretty tough laws in place, including increased criminal penalties for meth use.

If the experiences of other states prove true, I think the law we enacted this year that limits the sale of pseudophedrine products over the counter will help a lot. That's the one ingredient you have to have to manufacture meth, and if we can limit the availability of that to potential users and manufacturers, then hopefully we'll see some decline.

Last year, we received funding for a full-time person dedicated to looking at services for children who have been endangered by meth. This person's responsibility includes helping us learn more about the impact of meth on our children, and working with our 100 county departments of social services, making sure our social workers [understand] what meth use does to parents, and what effects it has on children, and that they're well aware of the dangers in the field. Having a meth coordinator has really put us ahead of the curve in our services to children and has given us a better understanding of what these children need when they come into care.

How is North Carolina ensuring the safety of child welfare workers who may encounter meth labs?

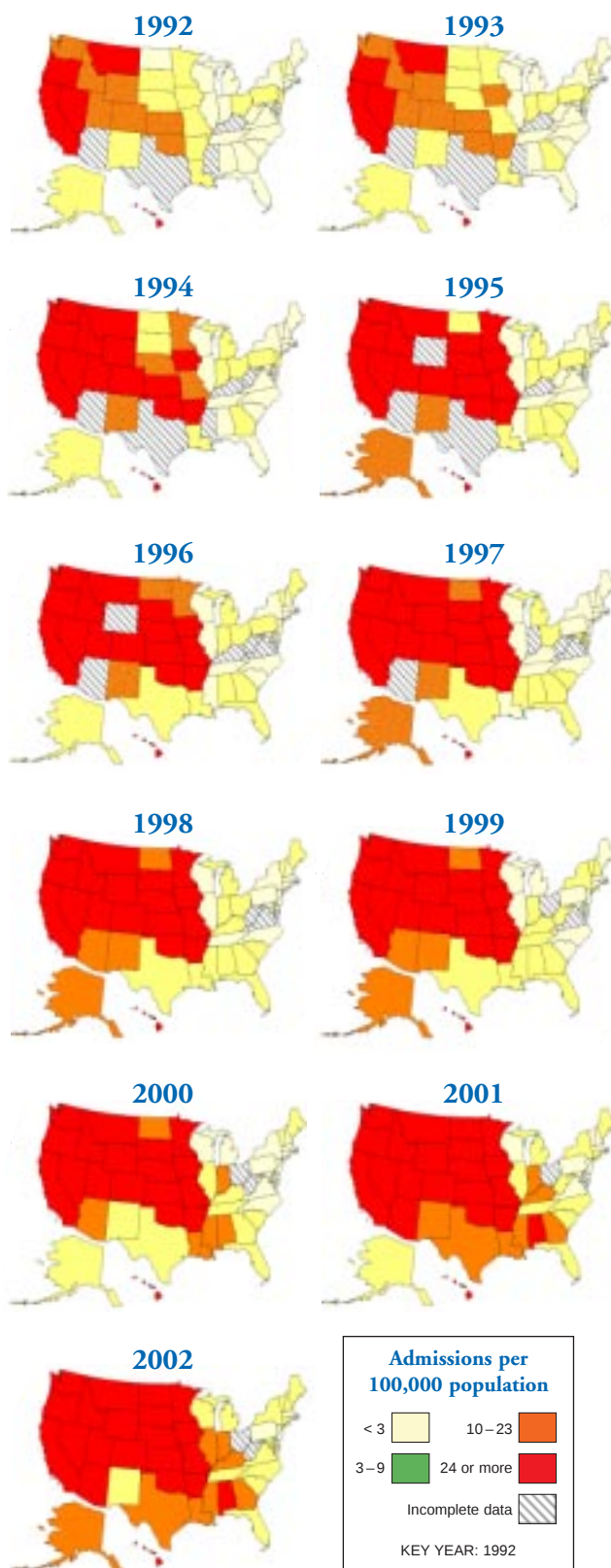
Our state child welfare manual, which the counties are required to use, speaks specifically to meth use and responding in child protective service cases and other situations where meth use is [suspected]. If a county department of social services receives a report of a laboratory and that children are involved, the social worker does not respond without law enforcement.

How have communities and agencies collaborated to address meth abuse and its effects on child welfare?

When we decided as a state that we were experiencing a crisis and we needed to work together, more than 20 agencies were represented at various times on the many work groups and task forces and committees—the Divisions of Mental Health, Public Health, and Social Services; all branches of our law enforcement; the attorney general's office; juvenile justice—just about everybody in state government was at the table to say, "This is going to impact us." As a result of the work we did, we have better guidelines and stiffer laws.

We are a county-administered state, so all of our programs are administered locally. We have a statewide protocol that serves as a model for counties. What we are asking local communities to do is to use that as a basis for developing their local protocols. Basically, we say, "You know who your people are in the community who might be involved if a meth lab is found. Bring those people to the table and work out, in advance, how you will work together to respond if meth comes to your community." And most of our counties have completed that process.

Eastward Spread of Methamphetamine



SOURCE: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS)—3/1/04.

Any advice or suggestions for other states?

One of the important things everyone needs to understand is that while meth is different, it's substance abuse and it's a treatable public health problem. Like other forms of substance abuse, it's cost effective to offer treatment services to these families. We need support not just for what the states are doing, but we need federal legislation, and we need resources to be able to combat this issue.

As bad as it is here, I'm so grateful it's not worse. What really scares me is what we don't know about and the children who may have been exposed who we are not seeing and who are not receiving services.

IOWA

MARY NELSON, ADMINISTRATOR,
DEPARTMENT OF HUMAN SERVICES,
DIVISION OF BEHAVIORAL,
DEVELOPMENTAL, AND PROTECTIVE SERVICES

How has methamphetamine abuse affected child welfare in Iowa?

There's been a huge burst in the number of child welfare cases that involve meth abuse. We estimate somewhere around 60% of our child abuse reports or assessments involve meth, and probably close to 90% of our removals. Meth is certainly popular in rural areas, but we've had it in urban areas as well.

We've really seen two issues: One is the meth labs and the dangers they present in terms of kids being in proximity to the dangerous chemicals and the risk of explosion. Kids have had some of the chemical in the refrigerator right next to their formula or food.

Separate from that is the risk associated with the impact meth has on the parent's ability to meet the child's needs. We've had several child deaths associated with parents being high on meth. One child drowned in the bathtub because the parent fell asleep while the tub was filling.

We've also seen that the treatment takes longer than the treatment for other drugs, so that has an impact on the child welfare system. Our Department of Public Health has done some studies looking at treatment for meth, and they found it takes longer, but if it's long enough, the relapse is no worse than for other drugs, and in some cases they've had more success. There's a myth that people who use meth can never be treated, that you just have to terminate parental rights and give up on them. That simply isn't true.

How has Iowa addressed the problem?

We've passed legislation making the sale of pseudoephedrine much more restricted, so that it's less accessible for making meth. We've also increased criminal penalties associated with exposing kids to chemicals.

It's had some reduction in the chemical exposure kids were experiencing, and the risks to our staff going into meth labs. But meth labs are really only producing a small portion of the meth being consumed, so it really hasn't significantly

affected the overall incidents of meth as it relates to child abuse and child welfare.

One of the things the legislators created for us is what they call "meth specialist positions." We divide our state into eight service areas, and they created a position for each service area that specifically focuses on meth. We've done a lot of work through that in terms of educating our staff and developing protocols or specialized training.

How is Iowa ensuring the safety of child welfare workers who may encounter meth labs?

We've done some training for our staff and put together some guides. We have an intranet site that our meth specialists maintain that has a lot of information about meth, including a guide about worker safety.

How have communities and agencies collaborated to address meth abuse and its effects on child welfare?

We've had several summits over the last few years where we bring all the players together at the state level and identify if additional legislative changes are needed, or other kinds of strategies. We bring together law enforcement, the medical and legal community, etc. The children's issues have always resonated with everyone.

We have drug-endangered children (DEC) projects in several areas, where we work closely with law enforcement, the county attorney's office, and the health care community to be responsive when law enforcement goes in on a meth bust and kids are involved. We have both a state DEC team and local DEC teams in five areas of the state, both rural and urban, and we have two other areas that are just starting to develop DEC teams. They are very popular, and they have been very successful in bringing together all the critical players.

[For more information about Iowa's DEC teams, visit www.iowadec.org.—Ed.]

OKLAHOMA

LINDA SMITH, DIRECTOR,
DEPARTMENT OF
HUMAN SERVICES

How has methamphetamine abuse affected child welfare in Oklahoma?

We started having problems back in 1999–2000. We began to make policy changes in 2000. It's hard to get good information on the data. Anecdotally, we say that 80% of our cases involve some kind of substance abuse.

Someone goes through and reads the reports on removals, the kids who have been brought into care, and tries to get information on why these kids were removed—what exactly was the problem. I've looked at some of the results, and in one group of cases, 1 out of 10 involved meth, and in another group, 7 out of 10 involved meth.

How has Oklahoma addressed the problem?

In 2003, we passed legislation requiring pseudoephedrine to be behind the counter. It's reduced the number of meth labs, but it hasn't reduced the effects of living with meth-addicted parents that children deal with, and with the problems of reunification. The safety factors that come about as a result of the labs have also been reduced. Before the legislation, one law enforcement officer was killed in a meth lab bust, and two children were killed as a direct result of meth labs.

How is Oklahoma ensuring the safety of child welfare workers who may encounter meth labs?

We did a lot of worker safety policy in 2001. Basically, if workers have any indication there is meth use, they take law enforcement with them. With the meth labs becoming so much fewer, we don't have to face [safety issues] as much anymore. Law enforcement is so knowledgeable, they know what to do now. The danger to the workers is reduced significantly. No workers have ever been injured, though we have had contamination concerns.

How have communities and agencies collaborated to address meth abuse and its effects on child welfare?

In 2002, the Oklahoma County district attorney called a meth summit in Oklahoma City, and it was backed by the [state] Department of Justice. This was when the work really started going.

The first DEC team was established in Oklahoma County that year. The DEC team is one of the best examples of community collaboration. They were some of the ones who first started backing legislation, and they set up a protocol about what happens if a child is found in a meth lab. They involved the local children's hospital and cross-trained law enforcement. Child welfare workers received a lot of training on methamphetamine and meth labs from the State Bureau of Investigations. Their folks trained us, and we trained them.

Tulsa County now has a DEC team project. Other counties may not have DEC teams, but they have collaborated with medical and law enforcement on how to deal with methamphetamine.

The collaborative relationships that have worked have been the local relationships. The statewide kinds of things are not that effective. To really get the protocols done and the working relationships established, people take responsibility for this on the local level.

The problem is still definitely there, but the ability to respond is better now.

OREGON

BRYAN JOHNSTON,
INTERIM DIRECTOR,
DEPARTMENT OF HUMAN SERVICES

[Since this interview, Bruce Goldberg has been named Director.—Ed.]

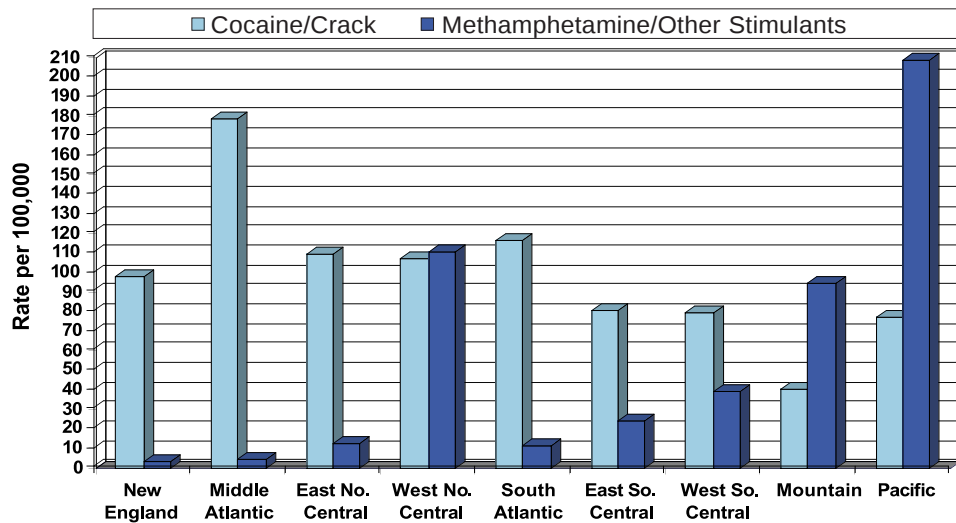
How has methamphetamine abuse affected child welfare in Oregon?

We divide our state into service delivery areas. In the least-affected area, they are estimating about a 50% impact—meaning, of the kids who are being taken out of the home, more than half are meth-related removals, and that rate varies as high as 80%. It's a terrible epidemic.

The problem began about 15 years ago, building to a crescendo in the past five or six years. Marion County, where my office is, has had in the past five years almost a three-fold increase in the number of children going into foster care.

We have increased caseloads because of increased policing efforts—a larger number of referrals, investigations, and removals, resulting in the inability of our people to keep pace with the necessary recruitment of foster parents and

Methamphetamine and Cocaine Treatment Admissions According to Census Division 2003 RATE per 100,000



Source: Treatment Episode Data Set (TEDS)

placements. And other things suffer. The speed with which we can handle adoptions has slowed because people are putting their efforts more into emergency matters.

How has Oregon addressed the problem?

Right now, throughout the state, we are encouraging public and private initiatives to recruit and train new foster parents. We've come up with a variety of receiving homes so



Meth's Youngest Victims

Children injured or killed due to meth labs or affected by toxic meth lab chemicals between 2000 and October 2005.

	2000	2001	2002	2003	2004	2005
Iowa	37	61	91	115	103	25
North Carolina	0	8	2	69	127	84
Oklahoma	51	175	188	224	124	29
Oregon	117	225	133	99	82	19

Source: U.S. Department of Justice, Drug Enforcement Administration

we can try to keep sibling groups together and process them. Most of these kids wind up going back to relatives within the first five days, so the real issue is where we house them for this very short period of time while we try and stabilize housing for them.

We're an umbrella agency. Child welfare is one portion of the portfolio here at the Department of Human Resources. I've organized what we call our "meth response team" to look at how the work of our divisions touches the meth crisis.

As an illustration, our public health department is charged with determining the habitability of meth homes after they were used as meth laboratories. Records were being kept on that, but we didn't have a systemwide view of all of our activities in meth. Now the meth response team is charged with figuring out the data we should be keeping or are keeping and, longitudinally, what it looks like.

Beginning January 1, 2006, pseudoephedrine will only be available through prescription in Oregon. I think this will do a great deal [to stop] the production of meth locally. That's a good thing, and I'm in favor of it, [but] the reality about marketplace meth, though, is that this law won't do anything to decrease the supply of meth. [It just opens] the local market for the importation of meth.

How is Oregon ensuring the safety of child welfare workers who may encounter meth labs?

We are training people in terms of meth recognition and protection. They are not supposed to knowingly go into a meth lab. They are supposed to go in with police, if they go in at all.

How have communities and agencies collaborated to address meth abuse and its effects on child welfare?

The bell has sounded, and communities are answering. In almost every one of our 16 service delivery areas, there's at least one citizen group that is organized and doing education and observation. It's helping to recruit foster parents. Most of these citizen groups started about two to four years ago. They've raised awareness of the problem and increased pressure on the police to get after the problem. 

Jennifer Michael is Managing Editor of Children's Voice.



National DEC Alliance Helping Communities Fight Meth

Drug-endangered children (DEC) are those who suffer physical or psychological harm from exposure to illegal drugs, to persons under the influence of illegal drugs, or to dangerous environments where drugs are manufactured or the chemicals used to make the drugs are accessible.

In 2003, the National Alliance for Drug Endangered Children formed to advocate on behalf of these children and help communities build collaborative teams to coordinate services and supports for them. The alliance provides multidisciplinary training for communities interested in

starting or expanding DEC programs. Today, more than 20 states have formed DEC Alliances, and more than 3,000 people nationwide have received DEC awareness or DEC team implementation training.

DEC teams include first responders, child protective services, law enforcement, medical and mental health professionals, prosecutors and county attorneys, child advocates, substance abuse treatment providers, other community leaders, and the general public.

The alliance also provides updated research, best practice information, and referrals to experts on topics concerning drug-endangered children.

"We understand that as communities try to address this issue, there is no perfect model," says Alliance Chair Laura Birkmeyer. "What works in a very rural community in South Dakota is not going to work in Miami Beach—they have very different resources available, they may have very different government structures in place, they may not even rely on government structures to help drug endangered children. What we try to do is give information that considers the many different environments in which drug-endangered children are found, and give communities options."

For more information on the National Alliance for Drug Endangered Children, visit www.nationaldec.org or e-mail national.dec@usdoj.gov.

Can you balance your responsibilities when managing aggressive situations?

As a professional who works in the child welfare field, you are faced with challenging situations every day. And sometimes, balancing your responsibilities of care with the need to maintain everyone's safety when managing difficult or aggressive behaviors can be the biggest challenge of all.

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Exchange

"When the moon is not full, the stars shine more brightly." - Bugandan Proverb

Giving Effective Feedback

The **Exchange** article, "Guidelines for Effective Use of Feedback," provides eleven specific characteristics of effective feedback. Three of these are....

*** Feedback should focus on behavior, not the person.** In giving feedback, it is important to focus on what a person does rather than on what the person is. For example, you should say to a teacher "You talked considerably during the staff meeting" rather than "You're a loudmouth." According to George F. J. Lehnert, "When we talk in terms of 'personality traits' it implies inherited constant qualities difficult, if not impossible, to change. Focusing on behavior implies that it is something related to a specific situation that might be changed" (Lehnert). It is less threatening to a teacher to hear comments about her behavior than about her traits.

*** Feedback should focus on observations, not inferences.** Observations are what we can see or hear in the behavior of another person. Inferences are interpretations we make based on what we hear or see (Lehnert). Inferences are influenced by the observer's frame of references and attitudes. As such, they are much less likely to be accurate and to be acceptable to the person observed. Inferences are much more likely to cause defensiveness.

*** Feedback should focus on descriptions, not judgments.** In describing an event, a director reports an event to a teacher exactly as it occurred. A judgment of this event, however, refers to an evaluation in terms of good or bad, right or wrong, nice or not nice. Feedback which appears evaluative increases defensiveness (Gibb). It can readily be seen how teachers react defensively to judgments which are negative or critical. But it is often believed that positive judgments 'praise' can be very effective as a motivational and learning tool. However, studies have shown that the use of praise has little long-term impact on employees' performance (Baehrer). Often praise arouses defensiveness rather than dispelling it. Parents, teachers, and supervisors so often "sugarcoat" criticism with praise ("You had a great lesson today, but ...") that "when we are praised, we automatically get ready for the shock, for the reproach" (Farson).

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and pursue alternatives against those who believe parents' refusals to follow medical recommendations amounts to neglect.

Hunter said he would allow the Werneckes to pursue both conventional treatment and Vitamin C therapy, as well as radiation, if it became clear the treatment would be Katie's last hope. The family's lawyer, James Piki, said Hunter's ruling had important implications for parental rights.

"It means that when your child becomes sick, you do not have to merely stand by while state CPS workers tell you what your child will receive," Piki said in a statement published in the *Chronicle*. "You also need not fear that CPS will take your child away from you simply because you have a disagreement with CPS about what treatment is right for your child."

VERMONT

Vermont Department of Health records show that children in the state continue to have dangerous amounts of lead in their bodies, despite legislation passed 10 years ago encouraging landlords to clean and maintain properties with lead paint, according to the *Brattleboro Reformer*.

Landlords are required by law to inspect their homes and apartments and file affidavits with the Department of Health as evidence they have followed safe maintenance practices. When the law was passed in 1996, insurance companies promised to provide incentives for safe housing by offering landlords increased liability protection if they properly maintained properties.

But over the past 10 years, the process has broken down at almost every level, according to the *Reformer*. The Vermont Department of Health report, *Eliminating Childhood Lead Poisoning in Vermont by 2011*, highlights the following:

- Only 18% of the 2-year-olds in Vermont had received blood tests as of 2003.
- In 2003, the Department of Health received only 2,555 affidavits from landlords showing they were protecting their tenants, representing less than 4% of the estimated 70,000 rental properties in the states.
- The state does not keep a list of rental property owners and does not

know the addresses of all landlords in Vermont.

- Vermont has no system to make sure contractors are following safe practices, and no one is responsible for checking the accuracy of the affidavits.
- The Health Department has never issued a health order against a landlord or taken a landlord to court to protect the health of children.

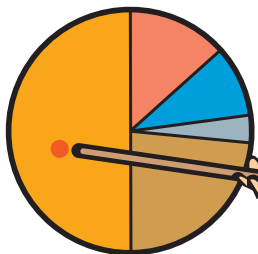
"Landlords could do a lot more to make sure kids don't get poisoned, but it's not happening," public health expert Jim McNamara told the *Reformer*. McNamara has been studying lead paint and health in Bellows Falls, Vermont, under a federal grant. "We are using these kids like canaries in a coal mine. We only go out to fix it after a child is poisoned, instead of preventing the lead-rich environments."

Massachusetts, by comparison, has a much stronger law that requires landlords to remove lead-based paints before renting apartments and homes. But Vermont, which has the second oldest housing stock in the nation, only requires landlords to clean the lead paint and make sure there is no flaking.

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In a recent survey, CWLA members rated the bimonthly magazine *Children's Voice* as one of the top benefits of membership in the League.

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Your member number and password are necessary to log onto the members-only site. Links on the log-in screen allow members to request that information be e-mailed to them. Once logged in, scroll down to "Administrative" and click on "Children's Voice Address." You can add as many names and addresses as you like.

When Children Need a Home in a Hurry



What's the best approach to emergency care for abused and neglected children?

By Jennifer Michael

When a state takes a child under its protective wing, it's rarely a planned event. Child welfare workers don't have the luxury of finding the right foster family ahead of time and giving that family several weeks to decorate a bedroom for the child, purchase clothing and toys, and get school paperwork in order.

When a child must be removed from his home due to abuse and neglect, he is usually removed immediately, no matter the time of day. A social worker takes his hand, comforts him, and leads him to safety and security. Unfortunately, the worker also leads him into temporary limbo.

The type of emergency care a community provides to a child immediately after he or she is taken into state custody, and before a long-term foster family is located, is ultimately a matter of geography. A child living in Louisville, Kentucky, may enter a 24-hour emergency shelter. There, she'll move into living quarters with other children who are facing similar situations. A variety of staff will attend to her health, counseling, education, and other needs for as little as one night or as long as 30 days.

In Contra Costa County, California, a child goes immediately to one of three receiving centers. Two operate in renovated office buildings, the third in a renovated home. At the receiving center, he can nap, eat, and take a warm bath. Staff perform a quick assessment of his needs and, within 24 hours of his arrival, place him in an emergency foster home—a placement that can last a few days, a few weeks, or a few months.

Meanwhile, a child in Lucas County, Ohio, initially goes to the Lucas County Children Services office—also open 24 hours—where she can bathe and receive clothing and medical services while staff immediately work to find an emergency family foster home for her within a matter of hours. Further assessment of the child is done onsite, in the emergency foster home.



These are just a few examples of how communities nationwide deal with children who need emergency care. Debate over the most appropriate type of emergency care is ongoing. Some communities, such as Lucas County, have decided to move away from emergency group shelter care altogether, while shelter proponents say they can provide greater stability and another care option, particularly for older youth, in addition to emergency foster home care.

CWLA's position is that to appropriately serve children, communities must establish an array of placement options that are sensitive to the trauma the child has endured and that meets their safety, health, treatment, and education needs.

"Emergency care should be part of a full array of treatment and placement options that begins with family supports for children who can remain safely at home and includes kinship care, family and therapeutic foster care, and residential treatment," says CWLA President and CEO Shay Bilchik. "It must

also integrate community-based support networks for children placed in family settings or residential facilities.”

Jake Terpstra, a former foster care and licensing specialist for the U.S. Children’s Bureau, notes a growing emphasis on deinstitutionalizing emergency care for children and adopting a system that focuses greater attention on emergency family foster care. The primary drivers, Terpstra says, include cost—emergency shelter care costs about \$150 and up, per day, per child. Costs for emergency foster care are below \$50 per day, per child. Awareness is also growing that most children can be better served in families, he adds.

The idea of going strictly one way or the other makes Terpstra uneasy. “It’s extremes that cause so many problems,” he says. “They solve one problem, but create another one, which is often worse, and then nothing gets solved.”

Ideally, Terpstra says, communities of about 100,000 people or fewer should rely primarily on emergency family foster care. In larger cities, he believes emergency shelter care is a necessity, in addition to emergency family foster care, due to greater numbers of children, with a greater variety of needs, demanding care. Both emergency shelter and family foster care would operate as one coordinated program, overseen by the same administrator, and would incorporate child and family assessment services.

But everyone’s ideal is different, as evidenced by the varying approaches to emergency care nationwide. *Children’s Voice* asked agencies in Louisville and in Contra Costa and Lucas Counties to provide greater detail about their emergency care programs and how they meet their communities’ needs. Sure enough, officials in each location expressed differing viewpoints on how best to help children during the critical period immediately after they’ve been removed from their home. All agreed, however, on the same long-term goal—to eventually find permanent, loving homes for children.

Louisville

Home of the Innocents is Kentucky’s largest emergency placement center. Annually, 800–1,000 children and youth, birth to age 17, are admitted to the 24-hour, 45-bed emergency shelter located in the community of some 700,000 people. Roughly half the young people arrive through an emergency custody order, and the average stay is about three weeks. Approximately 60 staff and 225 regular volunteers work with the children, including onsite supervisors and clinical staff.

The number one goal at Home of the Innocents, explains President and CEO Gordon Brown, is to get every child and youth the agency serves into a permanent, nurturing home, whether with a foster family, an adoptive family, or a biological family. But just as important as permanency, he says, is stabil-

ity. “So many times, our kids lack stability, and they keep moving around, going to different homes, to different agencies, being referred to hospitals, and they never get to settle in and have a childhood and friends...and they hit the age of 18 totally dysfunctional.”

In doing its part to counter this trend, Home of the Innocents functions like a hospital emergency room, with a team of staff working to treat a child’s trauma and normalize her life before she moves on to the next appropriate setting.

Judith Bloor, Senior Vice President of the Childkind Center at Home of the Innocents, can’t imagine a child being removed from his home in the middle of the night and, while traumatized and sleepy, being handed over to a new family. “That would be like somebody taking my hand and walking me out the front door and saying ‘Here, meet your new husband, have a nice life,’” she says. “I can’t even fathom that because we wouldn’t possibly do that to an adult.”

Home of the Innocents’ emergency shelter “allows us to treat that trauma, just like an ER, and it also allows us to offer a comprehensive assessment so that if the system uses it wisely, we can make a better placement.”

Director of Residential Services Larry Owens often reads about children “languishing in residential care,” but he insists that’s not the case for the children at Home of the Innocents. Some children do stay for an extended period of time, but not due to problems with the shelter. “What that means,” Owens explains, “is they need more treatment and more intensive care



Murals and toys make Contra Costa County’s receiving centers “child-friendly,” says Danna Fabella, Director of the Children and Family Services Bureau.



to help them transition to a more permanent location. In a way, it speaks to why we are needed more than ever before.”

For longer-term residents, the shelter provides clothing and school uniforms. If a child was attending a local school before arriving, Home of the Innocents has an agreement with the school system for buses to transport the child to her home school. Home of the Innocents also allows families to visit the shelter, if approved by child protective services; visits are supervised and documented. The children participate

in supervised field trips and local cultural events, and they also display artwork in a gallery at the Home of the Innocents.

"When children are here at the home, they live as good as any middle-class kid in America," Brown says. "We take great pride in the fact that we are striving very hard...to give them a normal experience."

Brown says his shelter can be a necessity for kids who are hard to place in homes. "We get some kids who are so badly damaged by what they've been through that they're extremely unattractive for foster placement...[They] benefit greatly by our services and by being here a little bit longer. But even with them, the ultimate goal is, as quickly as possible, without forcing it and without rushing it, seeing them into a foster home or with their biological family, if that's possible."

Even though children at Home of the Innocents present a variety of emotional and behavioral issues, Brown says his facility is safe. Home of the Innocents has passed numerous



Children don't stay at Contra Costa County's receiving centers more than 24 hours, but spaces are available where they can rest.

state surveys and inspections, and the inspections are ongoing. His staff is also trained in therapeutic holding techniques to address out-of-control behavior—training that foster parents may not routinely take.

Home of the Innocents does not advocate for shelter care as the only emergency care option, staff emphasize, but as part of a continuum of care.

"We have a model that works very well, and we'd be more than happy to share [information] with anyone who wanted to do it," Brown says. "But my belief is that one size does not fit all; we should have a wide array of services available."

Contra Costa County

Receiving centers, a relatively new phenomenon, are described differently in some areas of the country. In general, they are short-term programs that provide assessment, crisis intervention, stabilization, and placement or other post-discharge planning after a child has been removed from his home.

These centers, Brown claims, keep children in a "suspended state" in a cold, office-like atmosphere, and "force" systems to make placements for children other than emergency shelters.

But Danna Fabella, Director of the Children and Family Services Bureau of the Contra Costa County Employment and Human Services Department, says her community created receiving centers in response to emergency foster parents' concerns about children arriving at their homes uncleanly and without having been assessed for major health issues. They felt a disconnect between the child welfare agency and those caring for the children.

"We thought about it and came up with the concept of a receiving center being a less-than-24-hour facility to do just those immediate assessments, to settle a child, and to make a better match for the child in the emergency foster care system," Fabella explains. "It's not a stand-alone entity. It's a receiving center that's the hub of an emergency care system."

Fabella continues, "Built around our receiving care system is work with our mental health partners. We have an emergency care mental health team that provides assessments for children, as well as mobile response teams, so that if something happens and the foster parents need mental health help, we have the ability to provide services in the home."

Today, Fabella says, the county's ability to retain foster parents is high because the receiving centers are making better placements, and foster parents know whom to contact if they have problems.

Recruiting new parents, however, is a never-ending process in the county of about 1 million people. Contra Costa runs a particularly large campaign geared toward finding homes for harder-to-place sibling groups and teens.

Receiving center staff work to place children in the least-restrictive form of care. They do so by first seeking placement with an immediate relative. If that isn't possible, they search for a licensed foster home. If a foster home can't be found, then a child is placed in one of the county's four group homes. Children with high-end mental health needs or behavioral issues may also be placed in the group homes; each has six beds.

Fabella says her receiving centers are far from cold and office-like. Local civic groups have painted murals, and toys and interactive games line the shelves. "It's very child-friendly," she says. "We've made a point of making sure that happens."

Contra Costa County developed its receiving center system in 1997. Before that, children were either placed in emergency family foster homes or a privately run emergency shelter that at one time accommodated at least 100 beds. "Older children were just staying in our shelter care and not moving, and, in fact, got pretty used to institutional care and didn't want to go to foster homes," Fabella recalls. "They would refuse, and they would run back."

As a former supervisor and manager of shelter care systems, Fabella isn't a proponent of group shelter care. "I think a child should be in that setting only when their needs are such that they need that setting."

Fabella cites the example of staff shift work in shelters, which she claims can lead to a lack of continuity of care, particularly for



young children, she says. Medications sometimes get confused from shift to shift, and shifts often change in the middle of the night, so that one group of staff puts the children to bed, and another wakes them up. Staff are often young and inexperienced and turn over quickly.

"In every group home I've been a part of, or known of, or used, so much depends on the administrator in that building and the staff delivering those services," she explains. "You can have a good institution for a while, and then as soon as the manager or the director or some of the key clinical staff leave, you have a very shaky facility taking some very difficult children. I have seen that pattern for the last 26 years in my experience in child welfare. I've seen good programs turn into not-so-good programs in a matter of a few years."

Fabella admits, however, that receiving centers are not without their flaws, including the short amount of time staff have to assess a child. She says she does not want to convince true believers of group home care that receiving centers are better, but she does believe it is an option communities should consider before they build shelters for kids.

If a community decides to focus on providing emergency shelters, Fabella suggests that an outside board regularly review the programs and make site visits, that children have options for moving from group homes to regular care, that collaborative relationships between the shelters and local mental health and health partners be established, and that data documenting children coming to and leaving the shelter be closely examined. If a community decides to open a receiving center, she recommends they have good training in place for emergency foster families and that they contract with a wide array of community partners.

Lucas County

Lucas County Children Services operates similarly to Contra Costa County, except it moves a child as quickly as possible from its office—where the child comes initially after being removed from her home—into an emergency foster home, and then conducts site visits and observes and assesses the child's needs while she is in the foster home.

"All those things we can do in a family-based setting," says Executive Director Dean Sparks. "How are you going to see how a child can interact in a family setting if you don't have them in one?"

Lucas County, an urban and suburban community that includes Toledo, closed its emergency shelter in the 1980s. Since then, Sparks says, the county has focused solely on emergency foster families who are ready "at a moment's notice" to provide care for children in need.

"Our community made a commitment to not use emergency shelter care," Sparks explains. "We certainly believe families can

better watch over some of these kids and perhaps stabilize them more quickly when they come out of an abusive situation. I think it's worked well for our community in probably 98% of the cases."

Sparks doesn't favor emergency shelter care for younger children, or even older children. He believes youth in shelter care learn negative behaviors from other children and gravitate toward these children rather than working with staff.

Lucas County works with a local mental health center that has developed a system of therapeutic foster homes, in addition to the foster homes already working with Children Services. The agency operates regular business hours, but staff are available 24 hours a day if a

child needs placement in the middle of the night. The children do not sleep at the office, but they can take a bath, wash their clothes, and be seen by nursing staff.

"There is never a time when we leave a shift and there is a child sitting here with no place to stay," he says.

More Study Needed

Even though they are quick to point out the pros and cons of emergency shelter care and emergency foster care, Brown, Fabella, and Sparks each contends that every community's needs are unique. A particular approach may work in one community and not in another for a variety of reasons, including population size and availability of community resources. For example, Home of the Innocents has operated in Louisville for 125 years, and local child welfare workers are thankful for the facility, Brown says. But Fabella and Sparks say the shelters in their communities had too many problems, ultimately leading to the decision to focus on family-based emergency care instead.

Little research has been done offering a critical assessment of the advantages and disadvantages of emergency shelter care versus family-based emergency care. But, says Jake Terpstra, with many communities using emergency shelter care, and many others seeking alternatives, such research is clearly needed. Terpstra is one of the few who has studied the issue. In the mid-1980s, he wrote one of the first analytic papers, published by CWLA, on the role of emergency shelters. But Terpstra says he can understand why researchers avoid the subject.

"It's not a sexy subject," he says. "I don't think researchers understand it, so they avoid it. It would be hard to measure outcomes if you don't have some pretty clear ideas of what is a good and bad outcome." 

Jennifer Michael is Managing Editor of Children's Voice.

Photos courtesy of the Children and Family Services Bureau of Contra Costa County, California.



A playground outside a Contra Costa County receiving center helps ease children's transition into state care.

Elementary Students Empty Their Pockets for Katrina Kids Fund

About 600 Minnesota elementary students set a weekly goal last October to empty their pockets of all their spare change for CWLA. When the 26 classes, kindergarten through sixth grade at Wyoming Elementary School, Wyoming, Minnesota, totaled their big plastic buckets of change, the end result was a \$5,000 donation to CWLA's Katrina Kids Fund.

CWLA awarded the funds to Raintree Children's Services in New Orleans, a member agency that continues to recuperate from Hurricane Katrina's effects on the foster care and residential services it provides. Raintree used the money from Wyoming Elementary School to purchase Christmas gifts for the children it serves.

"CWLA seemed like a perfect beneficiary because it was about kids raising money for kids," says Nicci Malm, a member of the Wyoming Elementary School PTA, which organized the school's Coins for Katrina drive.

Members of the school's PTA learned about CWLA's efforts to help child and family serving agencies affected by Hurricane Katrina through CWLA's website. Malm says the PTA was particularly happy to see that 94¢ of every dollar raised for the Katrina Kids Fund goes directly to hurricane-related activities rather than administrative costs.

Local businesses in Wyoming, located about 25 miles north of St. Paul, also pitched in, pairing up with classes and matching their totals. At the end of each week, the class that raised the most coins received a prize. One class got to spray-paint the principal's hair purple for homecoming; another danced the Hokey Pokey with the principal, which was broadcast on the school's television station.

At the end of the month, the school's fifth grade class beat out the kindergarten by about \$10 as the schoolwide winner. The class enjoyed an ice cream party as its prize, feasting on ice cream donated by a local grocery store.

Along with their donation, Wyoming Elementary's students also sent colorfully decorated cards and well wishes to the children served by Raintree. Malm says the students hope to strike up a regular correspondence with the children served by the agency.



OPPORTUNITIES

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Building Successful Alliances to Improve Outcomes
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Burlingame, California

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National Resource Center for Child Welfare Data and Technology, Ninth National Child Welfare Data and Technology Conference

Making IT Work: Improving Data and Practice in a Time of Change
Renaissance Mayflower Hotel
Washington, DC

NOVEMBER 13-15

Finding Better Ways

Best Practice in Working with Gay, Lesbian, Bisexual, Transgender, and Questioning Youth
Gaylord Opryland Hotel
Nashville, Tennessee

CWLA Joins Coalition Examining International Adoption

Over the past decade, Americans have adopted more than 70,000 children from Russia and other Eastern European countries, including Bulgaria, Kazakhstan, Moldova, Romania, and Ukraine. The number of intercountry adoptions could drop, however, if Russia and other countries in the region impose severe restrictions as a result of recent child deaths in the United States.

Over the past few years, at least 13 toddlers have been beaten to death within nine months of arriving in the United States from Russia and being adopted by two-parent families. Reacting to these cases, Russia has threatened a moratorium or severe restrictions on international adoption. Other countries are also contemplating restrictions or have already imposed them, including Romania, which passed legislation in 2005 prohibiting international adoptions.

CWLA has joined a coalition of nongovernmental organizations working to determine what additional safeguards can be implemented to maximize the protection of internationally adopted children. Other coalition members include the Adoption Exchange Association, the Association for Treatment and Training in the Attachment of Children, Families for Russian and Ukrainian Adoptions, the Joint Council on International Children's Services,

and the National Council for Adoption, as well as some 30 licensed adoption agencies.

The group convened for the first time last summer in Washington, DC, to discuss the issue with child welfare experts. Following the meeting, the coalition sent a letter to Maura Harty, Assistant Secretary for the Bureau of Consular Affairs, to convey its concern and to request that the U.S. State Department continue to hold diplomatic discussions regarding the positive option of international adoption.

The coalition is updating guidelines for international adoption. CWLA has provided its Standards of Excellence for Adoption Services as a resource for the project.

"This will be an ongoing effort where we study what we are doing well and what could be improved on," says Meghan Hendy, Executive Director of the Joint Council on International Children's Services. "Many agencies are doing excellent work preparing and supporting families, but we need to share those resources and tools so everyone can benefit."

Topics that will continue to be addressed include screening of prospective adoptive parents, preplacement education and preparation, and post-adoption support.

Adding a Dash of Family and a Pinch of Love

Recipes for chicken, meatloaf, macaroni and cheese, desserts, and more desserts are available in the new cookbook, *Voice for Adoption: Recipes and Memories*, published by Voice for Adoption, a grassroots organization cofounded by CWLA.

Voice for Adoption began selling the cookbooks as a fundraiser during the 2005 holiday season. By mid-December, nearly 1,000 of the 1,500 cookbooks printed were sold. "They're going like hotcakes," said Ada White, Director of Adoption for CWLA and member of the Board of Directors for Voice for Adoption.

Selling for \$19.95, the cookbooks feature photographs, more than 500 recipes, adoption stories, and memories submitted by adoptive parents, adopted adults, children's advocates, legislators, celebrities, and others. The cover and inside pages also feature pictures of 10 older

children waiting to be adopted. Readers are encouraged to go to www.adoptex.org to learn more about the children and others like them.

White said the response to the fundraiser has been so positive that plans for a second cookbook are in the works. Recipes people wanted included in the 2005 cookbook, including one from Senator Hillary Clinton, continued to come in, even after the deadline.

Voice for Adoption is a coalition of 100 national, state, and local adoption organizations that develop and advocate for improved adoption policies. Founded in 1996, the organization educates lawmakers, media outlets, and the general public about children in state custody and the families that come forward to adopt them. To order a cookbook, while supplies last, visit www.voiceforadoption.org.



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New websites are expanding the scope of child welfare.

By Kimberly M. Smith

Alvin Boarder, a youth with fiery red hair and a slightly grating voice reminiscent of Beavis and Butthead, is having a little trouble adjusting to the work world. Alvin applied for a job as an artist at a glass factory, but his boss hired him as a gopher, forcing Alvin to work his way up to a paid artist position.

To make matters worse, Alvin's idea of a proper dress code differs from his boss's, his mother wants him to get out of bed in time to get to work without waiting for her to wake him, and Alvin's friends continuously call him while he's on the job. He also must read the employee manual and learn how to use equipment correctly.

Lucky for Alvin and other youth in similar situations, friend Dale Funk comes to the rescue with tips and humor, just a click away. Alvin and Dale are characters in the online program, *Take This Job and Keep It*, featured on Vstreet.com, a website designed to teach life skills to at-risk youth and help child welfare agencies follow up with former clients.

The program is just one of a growing number of online resources geared toward enhancing the work performed by the child welfare field, from social workers to foster parents. New and innovative websites also provide greater resources and social ties for children and youth in

need, such as lifeskills tips for youth transitioning out of foster care, assistance for children seeking adoptive families, online counseling for children or youth who have been abused, and virtual mentor relationships.

The websites come at a time when people increasingly are living virtual lives, particularly teens and young children. A recent study by the Pew Internet & American Life Project revealed that 73% of young people ages 12–17 use the Internet. The National Center for Education Statistics found that most prekindergarten children use computers, and 23% use the Internet. Many of these kids surf the Net for academic reasons and to find health information, counseling, and friendship.

As for adults, according to the Pew Internet & American Life Project, 63% in the United States use the Internet; in many cases the Net has become integral to their lives.

An Online Resource for Transitioning Youth

Northwest Media, a developer of social learning products for more than 20 years, launched Vstreet.com about three years ago to “teach solid information, weaved through engaging stories,” according to Marketing Director Susan Larson. Vstreet offers animated life lessons for young people entering adulthood and is a resource for agencies following up with clients after they leave.

When young people log on to Vstreet, they can make the site their virtual second home. They receive a virtual bedroom to decorate by modifying flooring, wallpaper, and fixtures, and they can even upload their own personal artwork to add to the decor. Clicking on a light switch in the room saves the user's decorating changes.

Each bedroom comes with a stocked bookshelf of resources the user can read while listening to upbeat background music. *Take This Job and Keep It*, for example, leads to Alvin's story, an entertaining mix of photography and animation narrated by virtual host Dale Funk. Another book, *Apartment Hunt*, leads to an animated account of two girls, Kim and Rena, searching for an apartment. The narrator,



Character Alvin Boarder goes through a job interview in Vstreet's *Take This Job and Keep It*.



Youth, Just a Click Away



Family

Gabriella, recently conducted an apartment hunt of her own and gives Kim and Rena tips as they conduct their search.

In the first chapter of *Apartment Hunt*, Gabriella explains the difference between a want, a need, and a negligible option. For example, Kim and Rena need separate bedrooms to live comfortably. Kim wants a pool, but she can live without it. Each chapter ends with a lesson on what users have learned, and the book ends with a quiz in which users are asked to classify a list of apartment features as needs, wants, or things that really don't matter.

In addition to lifeskills information, users can also participate in discussion groups, such as *Options to Anger*, operated and monitored through Vstreet by subscribing agencies. Each agency designates a staff member to be responsible for administering Vstreet for that agency's users. Children, youth, and administrators must pay a \$24 annual subscription fee to use Vstreet, but group discounts are available for agencies subscribing their clients.

Vstreet allows subscribing agencies to check their clients' or former clients' lessons and progress through the site.

Agency staff can also monitor and modify certain elements of Vstreet, such as limiting discussion groups to clients from the subscribing agency and posting agency activities on the calendar. Agencies can also activate screen prompts that ask users specific questions, such as where they are living

currently. The only part of the site closed to agency staff is the online journal for users. Vstreet administrators can only open a user's journal with a court order.

As part of its efforts to continually improve the site, Vstreet is assembling a curriculum to help agency staff—who may not be Internet savvy—administer the site for clients. Vstreet staff hope this will help the site further catch on in the child welfare field.

Mentoring Via E-mail

Mentoring is a "one-on-one structured relationship that has to grow," explains Eileen McCaffrey, Director of the Orphan Foundation of America (OFA). But sometimes it can be hard to initially establish mentor relationships and help kids understand the value of such relationships.

"We hear kids say, 'I've had four of those [mentors], and they didn't help,'" McCaffrey says.

OFA, a nonprofit organization that helps children in foster care find college scholarships and successfully transition to adulthood, is helping turn more kids on to

mentoring through its virtual mentoring program, vMentor.com. vMentor pairs current and former foster youth ages 18–23 who receive postsecondary funding from OFA, or who are in an independent-living program that partners with OFA, with an adult men-

tor working in a profession that interests the young person.

vMentor provides a fast, convenient way for young people and adult mentors to develop relationships through weekly e-mails centered on the mentor answering the young person's questions about careers

and the workforce and providing advice and encouragement. The program isn't about therapy, McCaffrey explains, but about the youth moving forward.

One of the program's benefits is that it isn't limited to finding mentors in one community. "We search the world for the best mentors," McCaffrey explains. Mentors undergo criminal background checks and must be at least 25 years old and established in their professions. They must also



Vstreet's *Apartment Hunting* (above) and *Options to Anger* (left).

commit to mentoring a youth—whose background is not disclosed—for at least one year.

For security reasons, emailing between mentor and youth occurs through the vMentor system only. The system accepts attachments so students can upload school papers, résumés, gift certificates, and photos for mentors to view. Case managers reinforce the mentor relationships by monitoring e-mails to rate the quality of the conversations. For example, a conversation that is highly focused on school and career-related topics will receive high ratings, whereas a conversation focusing on a more casual topic, such as pets, will receive a lower rating.

Case managers also screen conversations for safety reasons. A filter in the vMentor system scans for certain words, such as *suicide* or *alcohol*, that might alert them to possible situations that need their attention. This type of monitoring and support cannot be offered through face-to-face mentoring without the physical presence of a counselor or recording devices, which can be uncomfortable for both mentor and mentee. The system may seem invasive, but McCaffrey explains that with vMentor, “We don’t define relationships. We define consistency.”

After participating for a year, mentors and youth are permitted to meet each other, if all parties agree, after notifying the case manager. Some relationships have lasted as long as six years, McCaffrey says.

Many people feel they may be ill-equipped to mentor, especially youth with problems, but McCaffrey explains that OFA has support mechanisms in place. For example, when one youth lost his entire family in a fire, his mentor received the assistance of a grief counselor to advise on how to help the student. Before mentors even begin e-mailing their mentees, they get eight hours of training, and continue receiving training monthly and participate in quarterly conference calls with vMentor representatives and other mentors. Some 1,800 mentors are waiting for a match with a teen through vMentor.

Using the Web to Reach Rape Victims

According to Penelope Hughes, director of an online rape counseling hotline scheduled to open the third quarter of 2006, 80% of sexual assault victims are under 30 years old, and 50% are younger than 18. These figures don’t include the victims who never come forward.

The Rape, Abuse, and Incest National Network (RAINN) decided to create an online counseling center to better reach out to teens who have been abused, Hughes says, after it received numerous e-mails “from people who aren’t ready to talk on the phone [about their abuse].” RAINN has also conducted focus groups and discovered that teenagers find it easier to communicate and discuss abuse through the anonymity of the Internet.

As a result, RAINN administrators are developing the National Sexual Assault Online Hotline with a host of other organizations, including the Samuelson Law, Technology, and Public Policy Clinic at the University of California, Berkeley;

e-commerce payment service VeriSign; America Online; KnowNow, an Internet-based business information systems provider; McAfee, the virus protection software maker; and others. The site will operate alongside RAINN’s 12-year-old, 24-hour telephone hotline.

Users of the new web hotline will be able to use the system’s instant messaging to communicate directly and anonymously with RAINN counselors and receive immediate responses free of charge. The site will also allow users to locate local rape counseling centers if they wish to speak with someone in person.

Online counselors will be trained how to communicate with young people via the web, including common online language, and in the legalities of online communication and Internet safety, such as clearing the cache to prevent abusers from using victims’ computers to trace sites victims have used.

Online Parenting 101

For many adults who choose to open their homes to young people in need, foster parenting can be a continual learning process. Foster Parent College is working to ease that process.

Since its launch in Oregon in 2003 by Northwest Media—the company behind Vstreet.com—the program has expanded

to more than 1,000 individuals and 100 groups, including state human resource departments, community colleges, and private agencies throughout Colorado, Florida, Oregon, and Wyoming. The web-based Foster Parent College offers two-hour classes on behavioral issues pertinent to caregivers in the



A training module in Foster Parent College.

child welfare system, including self-harm, running away, sexualized behavior, fire-setting, sleep problems, anger outbursts, and eating disorders.

Comprising a video, a review questionnaire, 20 multiple-choice and true-false questions, and a discussion group, the online classes remain open to users for 30 days, allowing users to watch the video as many times as needed and print a video guide, the questionnaire, and a certificate of completion worth two training hours.

Carol Collins, Director of the Oklahoma Court-Appointed Special Advocates in Osage and Nowata Counties, and a foster parent for several years before adopting three special-needs children, took many foster parenting courses in classroom settings before discovering Foster Parent College. She points out that despite the many advantages of taking courses in the classroom—for example, brainstorming with other parents to solve problems—there are down sides, too, for foster parents who must find the time to spend hours in the

classroom. For many, the advantages of online classes can outweigh the disadvantages.

"It's not that they aren't willing to get all the training they can to deal with the problems kids face...but who's going to take

care of the kids when they go to class and both parents work?" she asks. Foster parents who live in rural areas may have to drive dozens of miles to get to the nearest town offering a class. Taking courses through Foster Parent College allowed Collins to gain more training while remaining at home with her children.

Foster Parent College's online



Foster Parent College's training menu.

classes cost \$8 each, and participants can purchase DVDs online. The courses fulfill state training requirements in some places, and although they are intended for individual use and certification, a group version is available.

Placing Names with Faces

AdoptUsKids.org uses the Internet to attach faces to thousands of children in need of permanent homes and families. According to Rebecca Jones Gaston, National Recruitment Manager for AdoptUsKids, the site hosts the first federally funded photo listing of children waiting for adoption. Since its inception in 2002, 4,700 children have been adopted thanks to the site. According to Alexa, an Amazon.com company that tracks website traffic, the site attracted 20% of all Internet users using the Alexa program over a three-month period in 2005.

Under a section called *Meet the Children*, AdoptUsKids users can read short narratives about children waiting for adoption, including information about their personalities and interests, in addition to viewing their photos. Web users can also search for children based on ethnicity, age, and gender. The website's homepage features a child and a sibling group every week. "Each state has a featured child once a year," Jones Gaston adds.

"Agencies register as users and post narratives themselves," she explains. Because state agencies act as intermediaries—uploading pictures and biographies of children in the foster care system for posting on the site—youth involvement with the biographies varies from state to state.

AdoptUsKids issues a toolkit called *Lasting Impressions* to help caregivers write descriptions and take pictures, and encourages the involvement of the children and youth in writing their own biographies. The guidelines advise leaving identifying

and personal information about specific diagnoses out of the narratives. Narratives contain links to a dictionary with information about physical and emotional disabilities that site users may not be familiar with, but the disorders are not attributed to specific children.

Users interested in particular children can find out more about them by inquiring with specific agencies about becoming site members. Browsing the *Meet the Children* section is free to the public. AdoptUsKids also contains a resource center featuring adoptive families' stories and links to other useful websites, including sites for the National Foster Parent Association and the National Adoption Center. AdoptUsKids also links to a companion Spanish-language site.

AdoptUsKids is a collaborative effort of the U.S. Children's Bureau, the Adoption Exchange Association, and other agencies, including CWLA.

Wave of the Future?

As more websites geared toward child welfare develop, many questions will inevitably arise. Will traditional methods of child welfare hinder the complete use of this new technology? How can child welfare, with its limited resources, obtain and maintain funding to take advantage of all the benefits the Internet offers? Are the results gained from the virtual world worth the investment?

Most of the answers have yet to be determined, but for now, the Internet provides those in the field a chance to meet an increasingly computer-savvy generation at their own level and help them become productive, sound adults. 

Kimberly M. Smith is a Contributing Editor to Children's Voice.

For More Information...

Online resources mentioned in this article include

- AdoptUsKids
www.adoptuskids.org
- Foster Parent College
www.fosterparentcollege.com
- Northwest Media
www.northwestmedia.com
- Orphan Foundation of America
www.orphan.org
- Pew Internet & American Life Project
www.pewinternet.org
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Effective Communication Is the Best Medicine

Medical professionals can help ensure school success for children with learning disabilities.

By Sheldon H. Horowitz

Creating safe, stable, and nurturing opportunities for children to learn is a gargantuan task, and the list of potential—and in some cases, essential—ingredients that contribute to children's educational well-being is virtually endless. Attending to these needs can be especially challenging for children in foster care. Medical professionals should be recruited as active partners in ensuring that learning and behavioral needs are addressed at home and in the school community.

Why Doctors?

Society views members of the medical community with great respect, and schools have long depended on physicians to ensure the health and safety of children throughout the school year. Nevertheless, a sort of tension exists between the educational and medical communities, perhaps because of their perceived separateness and the different types of authority bestowed on their respective members.

Think about the child who is “having trouble paying attention in class.” At a certain point—hopefully after first providing explicit and carefully documented remedial instruction—teachers and school support personnel may turn to special education to design an effective instructional program for the child. At the same time, the child might be viewed as a candidate for medical evaluation, with careful attention to whether ADHD or other medical concerns are contributing to poor school performance.

Armed with good information, and working in partnership, educators and doctors can be extraordinarily powerful in advocating for and delivering effective services to children with learning disabilities (LD) and related disorders of learning and behavior.

What All Children Need

Here are some of the essential ingredients that contribute to a child's well-being. Although the context here is educational, they certainly apply to a child's family and community life as well. These issues should be discussed with medical providers, and their comments and recommendations should be included in reports and conversation with adult care providers and school personnel.

Children need

- school environments that allow them to feel safe and free to ask questions and seek advice;
- classrooms where they have opportunities for explicit and well-targeted instruction, practice and corrective feedback, and the assurance that honest effort will reap rewards;
- a sense of belonging and inclusiveness, even when they are pulled out of the general education classroom for remedial or special educational services;
- adults (parents, medical professionals, and educators, administrators, and related services providers) who are committed to establishing and maintaining direct and ongoing communication;



- help coping with transitions—both expected and unexpected—and, to the extent possible, opportunities to participate in the decision-making process so they learn how to be flexible and effective self-advocates;
- positive role models—adults and peers—in school, at home, and in the community;
- coordination of educational and medical care, where all members of the treatment team have easy access to meaningful information (written in ways that everyone can understand); and
- an accurate, meaningful record (more than just copies of report cards and lists of standardized scores) of school progress, perhaps including work samples, photos, and annotated notes about what teaching and learning strategies seemed to have worked best over time, and even which teachers were most effective, and *why*.

Action Items for the Treatment Team

Here are ways to join with medical providers and ensure learning success for children with learning disabilities:¹

Help dispel the stubborn mythology that surrounds specific learning disabilities. This is an ideal role for physicians. Ask them to explain how LD is not about seeing letters upside down or reversed, and that dyslexia is just one type of learning disability that affects reading speed and accuracy, vocabulary, comprehension, spelling, and written expression.

Convey the message that learning disabilities are real. No medical tests can diagnose learning disabilities, but that doesn't

Exceptional Children



mean they're not real. Neurobiological and genetic research in this area is far from complete, but we do know learning disabilities often run in families, and their effects can be lifelong.

Ask physicians to help children and families understand that learning disabilities can affect an individual's ability to function at different times and in different ways across the person's lifespan. Let them articulate that learning disabilities aren't limited to any one skill area, such as reading, math, or listening, and that learning disabilities do not result from educational

impoverishment or physical, sensory, or motor impairments; that they're as likely to appear in boys as in girls; and that they don't result from a lack of motivation or effort on the part of the individual.

Better understand the similarities and differences between different disorders. Although disorders of learning, attention, mood, and anxiety often have overlapping characteristics and co-occur with some frequency, each has recommended treatment approaches, and each demands unique evaluation protocols to determine what will work best and how to monitor improvement over time.

Take LD and ADHD. The public is well aware that a number of medicines have proven effective in helping children with ADHD stay focused. There is, however, no recommended medical treatment for LD. We've also discovered that LD and ADHD co-occur in as many as one-third of children with these disorders. Medical professionals can help avoid confusion and misunderstanding about how the features of these two different disorders overlap, explain the necessary assessments to determine the presence of LD or ADHD (or both), and explain what different types of treatments and interventions are available.

Communicate the message that there is no "cure" for learning disabilities. This is a critical role for medical personnel. Proven treatments for specific learning disabilities alone rarely involve medicine, diet, or other nonbehavioral approaches. Medical providers should reassure parents and educators that the best way to address learning disabilities is through a well-targeted, intensive program of instruction and support, coupled with careful, ongoing observation and monitoring of progress.

Include physicians in the feedback loop when evaluating progress during periods of focused instruction, documenting the child's response to intervention and making needed adjustments.

Demand accountability from each other and from the systems that support students' health and learning. Medical professionals often see children at different times during the school year and should be encouraged to discuss educational concerns as part of their routine intake interview. As experts in child development, they can encourage early screening efforts to ensure students don't have to wait to fail before being identified as at risk of learning failure.

Medical professionals can also be effective in expediting referrals for special education evaluations by empowering parents, foster parents, and other caregivers to be proactive in sharing concerns

with school personnel and apprising them of their due process rights so that they can be effective advocates for their children. See NCLD's series of Parent Guides and Parent Briefs, and share them with all members of the treatment team.²

Remember to consider the multidimensional nature of learning disabilities. "A learning disability is what you have, not who you are." Be sure those providing any type and level of care acknowledge the importance of addressing the medical, behavioral, and social and emotional needs of these children in addition to their unique instructional challenges.

Be outspoken advocates for students with learning disabilities. Medical practitioners can have a strong positive impact in local school communities and at the district, state, and federal levels. As respected professionals, their voices can often penetrate unintended bureaucratic barriers; as advocates, they can often influence policy in support of improved services for students who struggle with learning. They are, perhaps most importantly, valuable members of the treatment teams that deliberate about the very services and supports that can have an immediate positive effect on school success. Invite them to participate in these meetings in writing, by phone, or in person.

Discourage a wait-and-see approach to decision making about learning disabilities. We're all guilty of waiting too long—to see the doctor about a persistent pain, to finish a project that has taken over the living room floor, or to ask how our children are performing in school. When school problems arise, parents and other caregivers often are eager to dismiss concerns about learning disabilities as premature, or even place blame on external factors (he's tired, she lost her notebook, he was absent) and shy away from thinking about the possibility of LD. In fact, survey data suggest that even parents who admit to suspecting learning disabilities in their children will wait almost a year before seeking help.

Educators are often similarly predisposed to attribute students' struggles to immaturity or lack of effort. Join forces with medical professionals and send the strong message that sooner is better when it comes to investigating the possibility of LD.

Open and maintain effective, ongoing dialogue. Too often we assume information about a child is readily shared among parents and other caregivers, educators and other professionals, and related service providers. This is rarely the case.

For example, an elementary school-age child may see her primary care physician for managing her ADHD medication. In addition to her assorted subject area and specialty teachers, she also works with a special educator in a resource room program, and she has an afterschool tutor for math. Her parents daily oversee homework and studying for examinations, and she attends religious training classes each week led by a lay member of her faith community. These individuals will not know how to communicate with each other about their goals, expectations, and contributions to her success unless all of them make a concerted decision to do so. Establish a systematic approach to gathering and sharing feedback, perhaps facilitated by questionnaires, conference calls, or e-mail.

1. Adapted from Sheldon H. Horowitz. (2004, October). From Research-to-Policy-to-Practice: A prescription for success for students with learning disabilities. *Journal of Child Neurology*, 19(10). (Online at www.ld.org/newsletter/1204newsletter/1204research.cfm).

2. For copies of NCLD's Parent Guides, Parent Briefs, and fact sheets on learning disabilities, visit www.ld.org/NCLB/NCLB.cfm and www.ld.org/LDInfoZone/InfoZone_FactSheetIndex.cfm.

Help students be effective self-advocates. Longitudinal studies, following children over 20+ years, have shown that successful individuals with learning disabilities share key attributes:

- the ability to be an effective self-advocate and to identify and seek out needed services and supports,
- the ability to articulate specific details about their learning and behavioral needs,
- having a well-established network of people to whom to turn for support, and
- thinking ahead and being proactive in arranging for needed accommodations and modifications.

Medical professionals, educators, and parents, foster parents, and other caregivers should work together to ensure that students learn and rehearse self-advocacy skills from an early age and that, whenever appropriate, students are included in the development of educational and treatment plans.

Sheldon Horowitz EdD is Director of Professional Services, National Center for Learning Disabilities (www.LD.org), New York, New York. NCLD provides essential information to parents, professionals, and individuals with learning disabilities; promotes research and programs to foster effective learning; and advocates for policies that protect and strengthen education rights and opportunities. For permission to reproduce this article, or to contact Dr. Horowitz, e-mail him at help@ncl.org. © 2005 National Center for Learning Disabilities. All rights reserved. Used with permission.

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Mark Redmond, Executive Director of Spectrum Youth and Family Services in Burlington, Vermont, admits he has never conducted research on the issue, but he has always wondered why people from the for-profit sector seek to become executives in the youth services field.

“What qualifies them?” he wonders. “I never see it go the other way, where someone from youth services becomes an executive of a corporation.”

Redmond recalls a personal experience where he was interviewed for a management position at a national youth service agency. “Several of the people who interviewed me had been executives in the oil industry,” he says. “I’ve spent 24 years in this field. What qualifies them to judge my ability to manage in the youth services field?”

Redmond doesn’t believe there’s a need to look beyond existing talent in the youth services field to fill executive director positions, but he thinks he understands what motivates boards to look in the for-profit sector: “The boards think they have a lot of connections and will be good at fundraising.” He points to universities, where many college presidents are being hired for their fundraising abilities rather than their understanding of what universities should be. “This is a sad and dangerous trend, and I think it’s being followed in our field.”

On the other hand, Redmond understands why some executives want to transition to nonprofit careers. “I believe it’s out of goodwill,” he says. “Many of them have served on nonprofit boards or done some volunteer work. They have made their money in the private sector, and they are looking for a second career and want to do some good.”

Whether or not Redmond is right, his arguments raise an interesting question: Are executives from the private sector qualified to steer nonprofit organizations? Certainly not all are qualified to do so, but in some cases, the transition works well.

Looking for Change

Mike Vogel is an excellent example of someone who has successfully transitioned from the private sector to chairing a nonprofit board. Vogel, Board Chair for KidsPeace in New York, is the former President of Day-Timers, which offers organization and time management products, and is currently Executive Vice President of ACCO North America.

When Vogel was with Day-Timers, a KidsPeace board member invited him to join them on the board. “After visiting their hospital and seeing the good work they were doing, I said I’d be happy to be considered for the board,” Vogel recalls. In recent years he has slowed his business career to spend more time with KidsPeace. “When I was asked to be chairperson, I agreed to do so.”

Vogel feels he brings a lot to the table for the organization. “The board can give counsel and guidance to the KidsPeace leadership to help them focus on the long term,” he explains. “Sometimes, nonprofit organizations tend to focus more on the short term; however, nonprofits have ups and downs, just as businesses do in the corporate world.” Board members from the private sector can share these experiences

PRIVATE PROFIT PUBLIC SECTOR

Corporate executives who have transitioned to the nonprofit sector and the rewards—both for nonprofit organizations and the executives themselves.

with nonprofit leaders and help them put the ups and downs in perspective.

Michelle Gislason is another example of someone with private-sector experience who now consults in the nonprofit sector as Projects Director for CompassPoint Nonprofit Services in San Francisco. She worked in various marketing director positions in for-profit companies before becoming interested in educational services and working as a marketing director for a dot-com educational portal. She began transitioning to nonprofits in 2000 when illness led her to reevaluate her priorities and values. Friends working in the nonprofit sector asked her to do some consulting in the field, and she eventually made the move permanent.

“Even though my background was marketing and communications, I realized my real skills, and the reasons I had always been promoted in previous jobs, were my abilities to communicate and get people from different departments to talk and work with each other,” she points out.

Organizational development, organizational psychology, professional development, and coaching skills are also where her passions lie. “CompassPoint was the perfect fit for me,” she says. “Not only was it in the nonprofit sector, but it was also involved in consulting, training, and coaching. It offered all the things I loved to do.”

Gislason has found, though, that when people come from the for-profit world to the nonprofit, they need to get up to speed quickly in areas such as financial management and reporting, which are very different between the two sectors.

“Another [difference] is the fact that you need third-party funding, not just income from your customers and clients,” she says. “The culture looks different, too. In the nonprofit sector, organizations tend to be more consensus-based, as opposed to the for-profit sector, where decisions are more likely to be made from the top, and made rather quickly.”

Yet another cultural difference is that scarcity and sacrifice are understood in nonprofits. “Executives often find they can’t ask for what they need for themselves,” she explains. “They have to take a ‘hit’ themselves. That is, their salaries and professional development have to come second to the organization.”

administrative focus. “When I came, for example, we only had one computer.”

From a program standpoint, Tutterow didn’t feel he needed to move the organization forward. “The programs were excellent,” he says. “Rather, I felt I could bring business principles and administrative controls to the organization. In fact, even today, I don’t get involved in the programs unless there’s a problem.” Instead, he focuses his time on development, marketing, board and community relationships, and strategic planning.

Tutterow sees this arrangement more and more in other organizations. “The old belief used to be, ‘We are doing some wonderful work, so God will take care of everything.’ However, it doesn’t always happen that way. You can’t take for granted that funding will always be there simply because you offer great programs.” He has found that most people choose social work careers to provide services and help people, not spend their time on administration, strategic planning, and fundraising.

Tutterow admits, however, the transition came with challenges. “For example, the private sector tends to hire the brightest and most aggressive people, but then spends a lot of time reining them in and trying to keep them focused. In the nonprofit sector, the challenge is often to get the program people to accept responsibility and to understand they have to be accountable. As a result, I’ve had to push more than restrain and to get people to think outside of the box.”

Yet another example of a successful transition from for-profit to nonprofit is Todd Landry, President and CEO of Child Saving Institute in Omaha, Nebraska. Landry worked in financial and commercial roles for 13 years with energy company Conoco in Houston.

“One thing the company instilled in its employees was to become involved in the community,” explains Landry, who got involved in the United Way and other nonprofit boards and was a court-appointed child advocate. “I enjoyed these experiences very much, and I always thought when I retired from the corporate sector, I might want to become involved in the nonprofit arena in a leadership role.”

When he mentioned this to his United Way board chair, she suggested that rather than waiting until he retired, he should do it right away. “She convinced me my corporate experience, my experience on nonprofit boards, and my personal interest in the field would be of value in the nonprofit sector.” She pointed him to a United Way organization in Houston called Spaulding for Children, an adoption and foster care agency in need of a finance director.

The organization had excellent programs, Landry says, but needed help with finances and strategic planning. After three months as Finance Director, Spaulding asked him to become CEO. Child Saving Institute, another strong foundation with well-run programs and great outcomes, recruited him five years later. “What the board was seeking when they hired me was to utilize my business management, strategic planning, and financial management skill sets.”

Landry experienced challenges in the transition. “One thing is that you’re learning a new field, so you need to take the time to understand it,” he advises. For instance, the nonprofit community usually has a strong level of cooperation and collaboration with other nonprofits—a new experience for people coming from the corporate world.

“When I joined Spaulding, we offered training to other organizations to use a certain type of adoption practice to get their own state contracts and develop their own programs.” At first, the concept was challenging for him—from a corporate perspective, one might want to retain that expertise as a core competency rather than share it with others. “I needed to realize the goal was to move more children into permanent adoptive families.”

Landry says he is blessed with strong program staff. “If this strength is lacking in the program area, it is probably not a good idea for a board to bring in someone from the corporate area to lead the organization.”

Advice from Those Who’ve Been There

Landry, Gislason, and McLaughlin offer recommendations to boards considering executives from the corporate sector, as well as for the executives themselves:

- “First, you must have a passion for the organization’s mission and really care about what is going on in the organization,” Landry says. “The community and the staff will both be looking for this from you. If you lack this passion, it doesn’t matter what skill sets you have.”
- “You also have to take the time to understand the programs before you begin making decisions that will affect the programs,” he continues. “Then, collaboratively, come to decisions with your leadership team or direct circle of staff.”
- If you haven’t already done so, Gislason recommends first volunteering for the agency or serving as a board member to better understand the organization.
- “Come in with an open mind and a sense of humility, being open to learning,” she adds. “There are a lot of incredible people in these organizations who can teach you a lot. You can’t operate with the belief that, ‘I’ve been in the for-profit sector, I have all this experience, so I’m going to come in and rescue the organization.’”
- McLaughlin’s recommendation is simple: “Read Peter Drucker’s book on nonprofit management (*Managing the Nonprofit Organization: Principles and Practices*, Collins Publishing, 1992). This book helped me immensely.” 

William Atkinson is a full-time business writer and former regional reporter for TIME, and a regular contributor to Children’s Voice.

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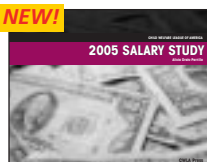
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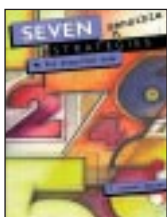
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Heredity's Role in Autism

Five institutes at the National Institutes of Health (NIH) and three private autism organizations have formed a consortium to better understand and identify genes that may contribute to autism. The National Institute of Mental Health (NIMH) will administer \$10.8 million in funding toward the project over the next five years.

With three to six new cases per 1,000 children, autism is more common than several other disabling but better-understood childhood diseases, such as type 1 diabetes and cystic fibrosis. Heredity appears to play a role in children developing autism, but experts believe environmental influences also contribute.

Researchers have already reported progress on the genetic underpinnings of autism, although, despite reports of several chromosomal regions associated with the disorder, few specific genes have been identified, according to NIH. The newly formed research consortium will study the relationship between genetics and autism by examining existing data for genes and gene variants that may lead to autism.

"New technologies in gene research can allow scientists to better understand the role genes play in the development of autism, and eventually lead to better treatments," says NIMH Director Thomas Insel.

In addition to NIMH, consortium members include the National Institutes of Child Health and Human Development, Deafness and Other Communications Disorders, Environmental Health Sciences, and Neurological Disorders and Stroke, and private organizations Cure Autism Now, the National Alliance for Autism Research, and the Southwest Autism Research and Resource Center.

Pre-K Funding on the Rise

For fiscal year 2006, 26 state legislatures and the District of Columbia city council have increased funding for prekindergarten by \$600 million, the largest single-year jump in state pre-K funding in five years, a November report from Pre-K Now reveals.

"Pre-K is gaining momentum as a national education reform movement because state legislators now realize the early years are powerful learning years," says Libby Doggett, Executive Director of Pre-K Now, a public education and advocacy organization. "Children who learn how to learn are more likely to reach their full potential in school."

Nationwide increases in pre-K funding for FY 2006 ranged from less than 1% to 250%. Ten states increased their investments by more than 30%. Numbers for four states anticipated to increase funding were not available at the time Pre-K Now released its report. Only nine states flat-funded pre-K, and nine others still do not offer any pre-K programs. New Jersey and Vermont slightly reduced their pre-K funding.

Six of 10 states that increased funding by 30% or more were in the Southeast—Arkansas, Florida, Louisiana, North Carolina, Tennessee, and Virginia.

"The South offers more pre-K to more children than any other region in the country," Doggett says. "With the exception of Alabama, Kentucky, and Mississippi, every state in the region is moving toward serving more children in quality environments."

Flat pre-K funding was concentrated in the eastern half of the country, with seven of nine flat-funded states located east of the Mississippi River. Three of the country's most populous states—California, Michigan, and New York—also flat-funded pre-K.

"Pre-K has become an economic development issue, and it's time every state realized that access to pre-K cuts down on the need for remedial education and significantly lowers the likelihood of grade repetition," Doggett notes. "These pre-K savings constitute real dollars being retained in school systems."

Can Technology Turn Babies into Einsteins?

Technology has crept into nearly every facet of modern day life and for all age groups. Before babies even reach their first birthdays, they are being introduced to videos, DVDs and computers.

Media products specifically designed for young children include baby videos like *Baby Einstein*, computer programs like *JumpStart Baby*, toddler-friendly video game consoles like the V.Smile, interactive DVD systems such as InteracTV, and handheld game systems like the Leapster.

Although the American Academy of Pediatrics recommends no screen time for babies before age 2, and no more than 1–2 hours a day of quality educational screen media for children 2 and older, many of today's media products are advertised as educational for kids. Seventy-six percent of the top-selling videos and DVDs listed for babies from birth to

age 2 on Amazon.com, and almost all of the top-rated software and video game products, make educational claims, according to a recent Kaiser Family Foundation issue brief.

The issue brief highlights how frequently educational claims are made, explores the types of claims made, and investigates the degree to which the claims are validated through research on children's learning outcomes. Although some companies conduct in-house research to test the effectiveness of their products, there are no published studies on cognitive outcomes for any of the educational video or DVDs, computer software programs, or video game systems currently on the market for children from birth to age 6.

To read the full issue brief, visit www.kff.org/entmedia/7427.cfm.

Friday, April 28 is National Children's Memorial Flag Day.

THE CWLA CHILDREN'S MEMORIAL FLAG INITIATIVE

The centerpiece is simple. A red flag depicting blue, paper-doll-like figures of children holding hands. In the center, the white chalk outline of a missing child symbolizes the children lost to violence. Created by a 16-year-old student in Alameda County, California, and flown on the fourth Friday in April, the Children's Memorial Flag honors each lost child and raises public awareness about the continuing problem of violence against children.

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